

## UNITED STATES NATIONAL STAGE WORKSHEET

Charitta Burt

U. S. Application No. 10/551591Publication Date 10-14-04Publication No. WO 2004 088076 PCT/RO/101Copy of ISR EP Copy of IPER \_\_\_\_\_

Assignee Information: \_\_\_\_\_

Priority Info: Country \_\_\_\_\_ No. No date \_\_\_\_\_ MORECorrespondence checked: 26948 deposit account \_\_\_\_\_

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT TR2003 000026 Language \_\_\_\_\_Copy in International Application:  Translation: yes no Spec. pg no. \_\_\_\_\_371 Filing Fees: 425.00; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_Total Claims: 26 Chargeable 27 Independent 1Number of drawing Sheets: 3 Foreign Text in drawing: \_\_\_\_\_Oath/Declaration:  signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 9/30/05Small entity fee: \_\_\_\_\_ SME document yes no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

Article 19 Amendment: \_\_\_\_\_ replaced by Article 34 Amdt. \_\_\_\_\_

Copy ISA References \_\_\_\_\_

Copy of IPER: \_\_\_\_\_ Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_ No translation \_\_\_\_\_ Text sequence \_\_\_\_\_

Preliminary Amendment(s): \_\_\_\_\_ date: \_\_\_\_\_ 2<sup>nd</sup> amendment date \_\_\_\_\_IDS:  DATE: 12/16/05 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_Request for Immediate Examination: 

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ Abstract:  Power of Attorney: 

Priority Document(s): \_\_\_\_\_ Number of copies included \_\_\_\_\_

Date of 35 USC Receipt of Request: 9/30/05 Notes: \_\_\_\_\_Date Completion USC 371 Requirements: 9/30/05

Notice of Missing Requirements: \_\_\_\_\_ /

Notice of Defective Response: \_\_\_\_\_ /

Notice of Acceptance: 2/14/06 /

Notice to Comply with Nucleotide and/or Amino Acid Sequence disclosures: \_\_\_\_\_

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_

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